



**COMMITTEE ON DENTAL AUXILIARIES**  
The Dental Board of California  
1428 HOWE AVENUE, SUITE 58, SACRAMENTO, CA 95825  
TELEPHONE (916) 263-2595 FAX (916) 263-2709  
[www.comda.ca.gov](http://www.comda.ca.gov)



# Re-Examination Application

## Registered Dental Hygienist Examination and Licensure

**Re-Examination Fee - \$220**

**Submit a 1-1/2" x 1-1/2" color photo**

Write in preferred month and exam location:

☐ San Francisco   ☐ Los Angeles

Month/Year

**FOR OFFICE USE ONLY**

Rec. # \_\_\_\_\_

File # \_\_\_\_\_

Pic

**Type or Print the following neatly - Answer ALL Questions**

1. \*SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

2. LAST NAME \_\_\_\_\_

**3. FIRST NAME** \_\_\_\_\_ **MIDDLE NAME** \_\_\_\_\_

**4. ADDRESS** \_\_\_\_\_ **Apt. or Unit#:** \_\_\_\_\_

**5. CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**6. TELEPHONE NUMBERS:** Home (\_\_\_\_)\_\_\_\_\_-\_\_\_\_ Work (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

7. **PRIOR EXAMINATION:** Date and site of last examination : \_\_\_\_\_  
Month/Year

Name at time of previous application			
(if not same as above)	Last Name	First Name	Middle Name

8. Since the last Application you filed, have you (a) engaged in the illegal use of controlled dangerous substances; (b) been convicted of, pled guilty, or pled nolo contendere to any criminal, offense, other than a minor traffic violation in any state, the United States, or a foreign country, or applied for or been licensed to practice dental assisting, dental hygiene, dentistry, or any other health profession in any state or foreign country? **(If the answer is "Yes", you MUST provide complete details on the reverse or a separate sheet.)**

☐ YES ☐ NO

**9. EXECUTION OF APPLICATION -- ALL APPLICANTS MUST READ, SIGN AND DATE**

I am the applicant for examination for licensure as a Registered Dental Hygienist. I have carefully read the questions in the foregoing application and have answered them truthfully, fully and completely. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signed in \_\_\_\_\_ on the \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_.

( city and state ) day month year

**SIGNATURE OF APPLICANT**

**10. Space for additional answers to Application questions (list the number of the question being answered):**

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***Notice on Collection of Personal Information***

**Collection and Use of Personal Information.** The Committee on Dental Auxiliaries of the Department of Consumer Affairs collects the personal information requested on this form as authorized by Business and Professions Code Sections 1742 and 1753, and California Code of Regulations Sections 1076 and 1077. The Committee uses this information principally to identify and evaluate applicants for licensure, issue and renew licenses, enforce licensing standards set by law and regulation.

**Mandatory Submission.** Submission of the requested information is mandatory. The Committee cannot consider your application for licensure unless you provide all of the requested information.

**Access to Personal Information.** You may review the records maintained by the Committee that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

**Possible Disclosure of Personal Information.** We make every effort to protect the personal information you provide us. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code Section 6250 and following);
- To another government agency as allowed or required by state or federal law; or
- In response to a court or administrative order, subpoena, or search warrant.

\*Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 U.S.C.A. 405 (c)(2)(c) authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, and for purposes of compliance with any judgment or order for family support in accordance with section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100.00 penalty against you.

**Contact Information.** For questions about this notice or access to your records, you may contact the Committee on Dental Auxiliaries, 1428 Howe Avenue, Suite 58, Sacramento, CA 95825, 916-263-2595. For questions about the Department of Consumer Affairs' privacy policy or the Information Practices Act, you may contact the Office of Privacy Protection in the Department of Consumer Affairs, 400 R Street, Sacramento, CA 95814, (866) 785-9663 or email [privacy@dca.ca.gov](mailto:privacy@dca.ca.gov).